PART B - FEE(S) TRANSMITTAL

Complete and send t	rhis form, together wi	th applicable fo	ec(s), to: Mail	Mail Stop ISSUE	FEE	
				Commissioner for Patents P.O. Box 1450		
•				Alexandria, Virginia 22313-1450		
or <u>Fax</u>				(703) 746-4000		
instructions: This to appropriate. All further co- indicated unless corrected maintenance for notification	trespondence including the below or directed otherwis	smitting the ISSU Patent, advance on in Block 1, by (a	E FEE and PUBL ders and notification specifying a new	ICATION FEE (if required on of maintenance fees we correspondence address;	ired). Blocks I through 5 si vill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as mate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	र प्रकार क्षेत्रकार का अनुसंस्कृत । इ.स.च्या क्षेत्रकार का अनुसंस्कृत		Note: A certificate of mailing can only be used for domestic mailings of the			
27810 7	590 12/23/2004			Feets) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
EXXONMOBIL	RESEARCH AND	ENGINEER	16	Cer	tificate of Mailing or Trans	mission
COMPANY P.O. BOX 900		011	E VERY	I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimit transmitted to the USPTO (703) 746-4000, on the date indicated below.		
1545 ROUTE 22 EAST ANNANDALE, NJ 08801-0900		AAAD 1 I	2005	Teresa I		(Дорожногъ пато)
ANIVANDALE, NJ OSAVI-0900 MAR			E003	~June '	Lachous	(Signator)
			. E	March 14	, 2005	(cea)
APPLICATION NO.	FILING DATE	1 200	MANED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/789.122	02/27/2004	Abhimanyu O. Pa			JCW-0401	7614
		WE'VE'N OF ERIN.	•		LYMER USEFUL AS A I	
	ETHOD OF MAKING SAM				DIMON COULCE AD A	- COLIVERTE CALCADE
appln. Type	SMALL ENTITY	issue fee		Publication per	TOTAL FEE(S) DUE	DATE DUB
nonprovisional	NO	\$1400		\$300	\$1700	03/21/2005
EXAMINER		ARTINIT C		CLASS-SUBCLASS		
CHOI, LING SIU		1713		525-227000		
Change of correspondence	e address or indication of "F	ce Address" (37	2. For priming o	n the patent from page, lis	at ,	
CFR 1.363). Change of correspondence address (or Change of Correspon Address form PTO/SB/122) unached.		Correspondence	(1) the names of up to 3 registered patent automeys or agents OR, alternatively.			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			registered attorney or agent) and the names of up to			
P10/SB/47; Rev 03-02	or more recent) attached. Us	e of a Customer	2 registered attorn	ev or agent) and the name	es o f นอ ro	
Number is required.	or more recent) attached. Us	e of a Customer	2 registered pare listed, no nume v	ey or agent) and the name int attorneys or agents. If a will be printed.	es o f นอ ro	
Number is required. 3. ASSIGNEE NAME AND	O RESIDENCE DATA TO	BE PRINTED ON T	2 registered pare listed, no name v 'HE PATENT' (prin	ey or agent) and the nament atterneys or agents. If will be printed.	es of up to no name is 3	
Number is required. 3. ASSIGNEE NAME AND	O RESIDENCE DATA TO	BE PRINTED ON T	2 registered pare listed, no name v 'HE PATENT' (prin	ey or agent) and the nament atterneys or agents. If will be printed.	es o f นอ ro	ocument loss been filed for
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN	or more resent) structed. Us DRESIDENCE DATA TO E s mt assignee is identified in 37 CFR 3.11. Completion	BE PRINTED ON T clow, no assigned of this form is NOT	2 registered pare listed, no name v 'HE PATENT (prin data will appear on a substitute for fili) RESIDENCE: (CI	ey or agent) and the nament attempts or agents. If it will be printed. If or type) I the patent. If an assigning an assignment, ITY and STATE OR COU	es of up to no name is 3ee is identified below, the (k	
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN	O RESIDENCE DATA TO E s un assignee is identified b a 37 CFR 3.11. Completion	BE PRINTED ON T clow, no assigned of this form is NOT	2 registered pare listed, no name v 'HE PATENT (prin data will appear on a substitute for fili) RESIDENCE: (CI	ey or agent) and the nament attempts or agents. If it will be printed. If or type) I the patent. If an assigning an assignment, ITY and STATE OR COU	es of up to no name is 3	
Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN EXXONMODIA	or more resent) structed. Under the control of the	BE PRINTED ON T clow, no assigned of of this farm is NOT (B ngineering	2 registered pate listed, no name vine State of the Parish	ey or agent) and the nament attorneys or agents. If it will be printed. If or type) I the patent. If an assigning an assignment. ITY and STATE OR COUADNAMED A. : [1] Individual [2] Co	es of up to no name is 3ee is identified below, the (k	A
Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN EXXONMODIA Please check the appropriate 4a. The following fee(s) me	or more resent) structed. Under the control of the	BE PRINTED ON To allow, no assignment of this form is NOT (B) and incering mics (will not be printed with	2 registered pate listed, no name v HE PATENT (prin data will appear on f a substitute for fill) RESIDENCE: (CI COMPARY inted on the patent) Payment of Fee(s)	ey or agent) and the nament attorneys or agents. If a will be printed. If or type) It the patent. If an assignment, are assignment, assignment, are a sasignment, and a state or country and STATE OR COUNTY	ee is identified below, the (king) New Jersey USA	A
Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN EXXONMODIA Please cheek the appropriate 4a. The following fee(s) me	or more resent) structed. Under the control of the	BE PRINTED ON Toolow, no assignment of this form is NOT (B) and the printers (will not be printers (will not be printers).	2 registered pate listed, no name vite PATENT (prindam will appear on a substitute for fill) RESIDENCE: (Cit Company inted on the patent). Payment of Fee(s)	ey or agent) and the nament attorneys or agents. If it will be printed. If or type) I the patent. If an assigning an assignment. ITY and STATE OR COUANNAMED AND AND AND AND AND AND AND AND AND AN	ee is identified below, the (k (NTRY) New Jersey USA reportation or other private gro	A
Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN EXXONMODIA Please check the appropriate 4a. The following fee(s) me It issue Fee Publication Fee (No s	or more resent) structed. Under the control of the	BE PRINTED ON T clow, no assigned of this farm is NOT (B) ngineering mics (will not be pri 4b.	2 registered pare listed, no name vite PATENT (prindam will appear on a substitute for fill) RESIDENCE: (Cit Company inted on the patent). Payment of Fee(s) A check in the Payment by cre	ey or agent) and the nament attorneys or agents. If it will be printed. If or type) I the patent. If an assigning en assignment. If Y and STATE OR COUANNAMED IN COUNTY and STATE OR COUANNAMED IN COUNTY and STATE OR COUNTY AN	ce is identified below, the ck (NTRY) New Jersey USA reporation or other private gra- classed. is attached.	A up entity Government
Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN EXXONMODIA Please cheek the appropriate 4a. The following fee(s) me	or more resent) structed. Under the control of the	BE PRINTED ON T clow, no assigned of this farm is NOT (B) ngineering mics (will not be pri 4b.	2 registered pare listed, no name vite PATENT (prindam will appear on a substitute for fill) RESIDENCE: (Cit Company inted on the patent). Payment of Fee(s) A check in the Payment by cre	ey or agent) and the nament attorneys or agents. If it will be printed. If or type) I the patent. If an assigning en assignment. If Y and STATE OR COUANNAMED IN COUNTY and STATE OR COUANNAMED IN COUNTY and STATE OR COUNTY AN	ee is identified below, the (k (NTRY) New Jersey USA reportation or other private gro	A up entity Government
Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN EXXONMODIA. Please check the appropriate. The following fee(s) are before the publication Fee (No see Advance Order - # to 5. Change in Entity Status	or more resent) structed. Under the control of the	BE PRINTED ON Toolow, no assignment of this farm is NOT (B) and incering mics (will not be printed with the	2 registered pare listed, no name villed, no name ville PATENT (prindata will appear on a substitute for fille) RESIDENCE: (CI Company inted on the patent) Payment of Fee(s) A check in the cill Payment by cre The Director is Deposit Account N	ey or agent) and the nament attenties or agents. If it are agents. If it is or type) It the patent. If an assigning an assignment. ITY and STATE OR COLANNAL STATE OR COLANNA	ce is identified below, the ck (NTRY) New Jersey USA reporation or other private gra- classed. is attached.	A Government Government Grechit any overpayment, to upy of this form).
Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN EXXORMODIA. Please check the appropriate. 4a. The following fee(s) me less fee Publication Fee (No see Advance Order - 4 or see Control of the Control	or more recent) structed. Use the completion of TOPR 3.11. Completion of TOPR 3.11. Completion of TOPR 3.11. Completion of TOPR 3.11. Completion of Toppes o	BE PRINTED ON Toolow, no assignment of this form is NOT (B) and Incering mics (will not be printed with the	2 registered pare listed, no name vill appear on f a substitute for fill of RESIDENCE: (Company inted on the patent) Payment of Fee(s) A check in the capacity of Payment by creating the Director is Deposit Account N	ey or agent) and the nament attorneys or agents. If it will be printed. If or type) I the patent. If an assigning an assignment. ITY and STATE OR COLANNAL STATE OR STATE OR COLANNAL STATE O	es of up to no name is 3 es is identified below, the (kentry) New Jersey USA reporation or other private grothered. is attached. arge the required fre(s), or a fearbose an extra occ	A Government Credit any overpayment, to ppy of this form).

This collection of information is required by 37 CFR 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. C.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND PRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1456, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 11/04) Approved for use through 04/30/2007.

Typed or printed name Mandi B. Milbank

OMB 0631-0033 U.S. Parent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Registration No. _

50, B53

PAGE 1/1* RCVD AT 3/14/2005 1:50:59 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/0 * DNIS:7464000 * CSID:908 730 3649 * DURATION (mm-ss):01-06 03/15/2005 EHAILE2 00000016 051330 10789122

01 FC:1501 02 FC:1504 1488:88 B